

SALARY RESERVE FY 2007 SALARY RESERVE 2008 APPEAL FORM

THIS SURVEY WILL BE USED TO DETERMINE YOUR 2008 APPEAL ALLOCATION

PROVIDER ORGANIZATION NAME: _____
 FEIN: _____
 CONTACT PERSON: _____
 TELEPHONE: _____

By submitting this information in the Provider Data Management service, I certify under the pains and penalties of perjury that the information reported below is accurate and complete to the best of this organization's knowledge.

Instructions: Please fill out the entire form. Include only the contracts for which your organization wants to be considered for appeals.

						PROGRAM TOTAL		STATE CONTRACT SHARE FOR ALLOCATION		
		1	2	3	4	5	6	7	8	9
	ID # *	FY 2008 Contract Number (20 Digits)	Dept.	FY 2007 MMARS Activity Code	Accounting Line Number (optional)	FY 2008 Full- Time Equivalents Earning less than \$40,000 in Program	Annual Salaries of Employees Earning less than \$40,000 in Program	Percentage of Program Purchased by Contract	Annual Salaries Less than \$40,000 Attributable to this Contract and Program	Comments
1									\$ -	
2									\$ -	
3									\$ -	
4									\$ -	
5									\$ -	
6									\$ -	
7									\$ -	
8									\$ -	
9									\$ -	
10									\$ -	

** The ID # is only available if you have previously applied for Salary Reserve through the Provider Data Management service on the Virtual Gateway.*